



Supplemental Application Data Sheet

Application Information

Application number::	10/763,037
Filing Date::	01/22/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	CLEAVED SERUM RESPONSE FACTOR IN CARDIAC DIAGNOSIS AND THERAPY
Attorney Docket Number::	HO-P02659US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	4
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Middle Name::	J.
Family Name::	Schwartz
City of Residence::	Houston
State or Province of Residence::	TX
Country of Residence::	US
Street of mailing address::	4019 Marlowe

City of mailing address:: Houston
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 77005

Applicant Authority Type:: Inventor
Primary Citizenship Country:: China
Status:: Full Capacity
Given Name:: Lei
Family Name:: Wei
City of Residence:: Pearland
Country of Residence:: TX
Street of mailing address:: 9613 Summer Breeze
City of mailing address:: Pearland
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 77584

Applicant Authority Type:: Inventor
Primary Citizenship Country:: China
Status:: Full Capacity
Given Name:: Jiang
Family Name:: Chang
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 1330 Old Spanish Trail
#4304
City of mailing address:: Houston
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 77054

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Mark
Family Name:: Entman
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 4978 Dumpfries Drive
City of mailing address:: Houston
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 77096

Correspondence Information

Correspondence Customer Number:: 26271

Representative Information

Representative Customer Number:: 26271

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/441,668	01/22/03

Assignee Information

Assignee name:: Baylor College of Medicine
Street of mailing address:: One Baylor Plaza
City of mailing address:: Houston
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 77030